Mason (L. D.)

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ALCOHOL IN THE TREATMENT OF ACUTE AND CHRONIC FORMS OF ALCOHOLIC MANIA.

By LEWIS D. MASON, M. D.,

CONSULTING PHYSICIAN TO THE INEBRIATE HOME, FORT HAMILTON, N. Y.

While in certain forms of neuroses, occurring in cases of alcoholism, alcohol in any form would be injurious, nevertheless there are conditions in which the judicious use of alcohol is not only beneficial, but curative and indispensable, and its place can not be taken by other drugs. The assertion that alcohol is only and always a poison, and must not be tolerated in any condition, especially where the inebriate is concerned, is not carried out by our experience in the class of cases to which we shall presently refer. The indiscriminate and therefore injudicious and harmful use of alcohol is not here indorsed; we now speak of its careful administration, where the quantity and form used are regulated by a competent practitioner. An asylum experience of over nineteen years, embracing the cases of several thousand inebriates, has given us ample opportunity to test the relative value of sudden and complete abstinence from all alcohol, and the plan of gradual reduction, or what is known as the "tapering-off" system. And just here it is legitimate to reason from analogy. Our experience has also em-

braced many cases of the opium and morphine habits. In a few of the earlier of this class of cases under our treatment the drug was left off abruptly. The terrible suffering and collapse that ensued demanded the immediate restoration of his full dose to recover the patient from a state of suffering, if not peril, and the endeavor by some other and less severe method to relieve him of the habit.

The same holds true in degree in certain cases in regard to alcohol. The inebriate, whose nervous system is broken down by his excesses, is suddenly deprived of his accustomed stimulant. Some hours may pass and nothing worthy of note happen; but in time the symptoms of deprivation manifest themselves, and he pleads for his usual draught, and will resort to all kinds of deceit or force to obtain it. He fails by reason of his environments, and then mental aberration, muscular tremor, insomnia, and the familiar symptoms of delirium tremens are established. This is the common experience of the hospital surgeon. The habitual inebriate, struck down by some accident, is brought into the hospital ward. He is thus suddenly deprived of all stimulants, and the necessity for administering the same is not recognized. A few hours pass, sleeplessness ensues, and a case of delirium tremens, associated with surgical injury, is established. And the hospital surgeon could not meet with a worse complication, especially in certain forms of injury, such as fracture, where perfect rest is so essential to secure proper results.

During the first few years of our experience at the Inebriate Home at Fort Hamilton the "cut-off plan" from all alcoholic stimulants was conscientiously adopted. Recognizing the great evil that alcohol had done, we did not desire to place it on record as of any use at all; and, further, the popular cry that inebriate asylums "were nothing more than hotels for the accommodation of a certain class who desired

to continue their evil habits" influenced us somewhat to adopt this plan.

Cases of delirium tremens were common. Hardly a person entered the asylum but he was expected to pass through his attacks of acute delirium. At present this is an exception to the rule. If a patient enters the asylum, and is at all tremulous, especially if he has had a long, tiresome journey, and the experience of a sleepless night and deprivation from his accustomed stimulant, he is regarded as on the verge of an attack of delirium tremens, and the judicious administration of a few bottles of ale, or its equivalent in some other form of alcohol, given at proper intervals, will not only quiet him, but tone up his nervous energy and arrest a condition rapidly tending to delirium.

Many enter who do not need such treatment. The periodic dipsomaniac who is on the tail-end of his spree and is ready, after a day or two of rest, to again enter upon his sober interval, will probably not need such stimulant. The person most likely to demand it is the habitual inebriate, because, of the two, the nervous system of the latter is the most shattered, and because, also, he is accustomed to a daily stimulant. It must not be inferred that, in our asylum, alcohol is improperly, indiscriminately, or irregularly given. On the contrary, it is dispensed with as much care and caution as other drugs. A record of the quantities given, and the periods at which they are administered, in each case is kept, as well as the effect upon the pulse, temperature, and general condition of the patient. As a prophylactic or abortive treatment for delirium tremens, I know no remedy so safe and so potent as alcohol properly administered. I believe that insomnia is more readily overcome, and the end desired more promptly attained, than if we attempted to secure the same result by large doses of the bromides, chloral hydrate, or other hypnotics, and the risk

that attends the use of these drugs avoided. If we have occasion to use these drugs also, less will be necessary, so that the quantities used may be administered in safer doses. I do not hesitate to assert that, by the too free use of these drugs in cases of delirium tremens, in the effort to overcome the persistent insomnia, the convalescence of the patient has been greatly retarded, and life has been put in jeopardy and even sacrificed.

The method, then, of administering alcohol should be regulated by the condition of the patient. On the first appearance of sleeplessness, mental aberration, muscular tremor (and these should be watched for in all cases submitted to our care), a bottle of Bass's ale may be given every two, three, or four hours, lengthening or shortening the interval as the case demands, and then, after sleep is obtained and the patient reacts from his mental irrationality and physical depression, the use of the stimulant be suspended.

The use of a stimulant may be necessary for a day or so, or longer periods. We find it rarely necessary to continue it longer than a week or ten days, gradually decreasing the quantity, and at the end of that time total abstinence may be safely practiced for an indefinite period. I have seen several instances, both in private and asylum practice, where the judicious use of ale alone, without other medication, has arrested in a few doses the tendency of the patient to acute delirium, and restored him to a safe condition of sleep and mental soundness. And, even in cases where the delirium was marked and the insomnia persistent, the judicious use of stimulants has put the patient on the road to recovery. Ale will often succeed where whisky or other forms of alcohol do not answer. After a night or two of rest, the mental and physical condition of the patient meanwhile improving, we may begin reduction and carry it

on as speedily as the case seems to warrant, and in a few days the patient will be convalescent. If the case is one accompanied by severe injury, it may be well to continue the stimulant until the period of debility or shock has passed, or the exhausting drain on the system has been arrested.

In chronic alcoholic dementia—a low type of mental alienation occurring in alcoholics—the patient is anæmic, listless, and full of delusions; hears voices, and holds conversation with imaginary persons; appears to have sane moments, but readily relapses into his old delusions; his appetite is capricious, his sleep irregular, and his physical strength poor; he moves about in a waking nightmare, he walks in a land of dreams and shadows. The judicious use of stimulants in these cases, a glass of ale at each meal and at bed-time, conjoined with tonic treatment, proper diet, and regular exercise, will do much good. The use of bromides and chloral to overcome the insomnia will only add to the already profound mental disturbance and still further lower the physical tone. I have already referred to the fact that the too free use of the bromides and chloral and other depressing drugs in the acute forms of alcoholic delirium may plunge the patient into the more protracted forms of mental alienation to which the inebriate is particularly prone. I have endeavored to be cautious in presenting my views; but our experience at the Fort Hamilton Asylum will not permit me to indorse the idea held by some practitioners—viz., that no harm can result from leaving off at once alcoholic stimulants in any case, and that no good can result from continuing them in any case of alcoholism; that their use is not only productive of mischief to the patient, but is, besides, a great shock to the moral sense of the community. I maintain, however, that, if, by the judicious use of alcohol in such quantities and at such times as we may direct, we can arrest the onset of an attack of alcoholic delirium, or abbreviate

the duration of the more chronic forms, the result of the treatment certainly warrants its adoption. In order that my statements need not be misapplied or misconstrued, it may be necessary to state that there are many persons who drink alcohol in some form habitually, but never to excess or intoxication, and who have not passed through the terrible ordeal of delirium tremens, chronic alcoholism, or chronic alcoholic mania, and who have not yet been convulsed with alcoholic epilepsy. To such my remarks do not apply. These persons are not inebriates in the true sense of the word. Immediate and abrupt cessation with them means nothing more than the leaving off of a very pernicious habit, which, if continued, will carry them into the terrible precincts of the inebriate. All such I most earnestly advise to leave off alcohol at once. Total and immediate abstinence is their only safety.

Nor do we hold that all patients entering the Inebriate Asylum demand the treatment herein indicated. But I wish to impress the fact that a certain class of cases require alcohol in some form as a part of their treatment, and that in these cases it is especially indicated. We all recognize the moral side of the question; but, when a life is wavering in the balance, we must use the means which experience has proved to be the best.

One of the best and most conservative authorities in this special department of medicine indorses the judicious use of alcohol, if not directly, at least indirectly, and comes somewhat to our aid on this point. Speaking of digitalis and its effects in large doses in the treatment of delirium tremens—doses of half an ounce or an ounce of tincture of digitalis—he writes: "The patient must have received so much proof spirit;" and he is puzzled to account whether it was the alcohol or digitalis that effected the good result, and, although opposed to alcohol, says the favorable issue

was either due, probably, in the large number of successful cases, to a spontaneous favorable termination of the disease, or was slightly helped by the alcohol which is contained in the tincture ordinarily employed. The "cut-off" plan is also considered by the writer; but he says it is more difficult to carry out this plan with older patients . . accustomed to depend for a long time on strong drink as a large part of their nutrition. "But still," he writes, "we ought to try less harmful drugs—opium, Indian hemp, etc.—before resorting to so doubtful a remedy as alcohol." Again: "Alcohol, also, in diminishing doses does seem to aid in the cure of feebler cases. If a man has been drinking a quart of whisky daily up to the time of his attack, a pint or quart of ale or porter will be to him only a mild tonic beverage, aiding his digestion." And, finally, the author is forced to this admission: "The popular idea of tapering off is not altogether devoid of scientific, as well as clinical, foundations." *

Another point to note, and of some value in gaining the confidence and sustaining the courage of the patient in the ordeal that he is to pass through, is the fact that his stimulant will not be immediately "cut off" if it is necessary to administer it.

I have no doubt that many persons desirous of entering a special asylum for the treatment of their diseased appetites would do so if they did not dread the sudden deprivation from their accustomed stimulant. When a patient is brought to our asylum, his first and only question often is, "Will they cut me off at once?" This thought is uppermost in his mind, intensifies his desire, and aggravates his nervous apprehensions.

If we can, by the judicious use of a stimulant, carry

* Dr. Francis Edmond Anstie (Reynolds's "System of Medicine").

him over the first few days of his asylum experience, quiet his fears, secure to him rest, and gain his confidence, we have brought him successfully over the first part of his treatment, and, in all probability, arrested a train of nervous phenomena that would, if allowed to go unchecked, have precipitated him into an attack of acute delirium, or permitted him to drift into the more chronic form of alcoholic mania.